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20	UTILITY
	PATENT APPLICATION
	TRANSMITTAL
Only for	new nonprovisional applications under 37 C.F.R. 1.53(b)

Attorney Docket No.	AID-3.2.001/4203
First Inventor or Application Identifier	Robert Newsteder
Title	DIRECTORY INFORMATION SYSTEM FOR PROVIDING TOLL FREE TELEPHONE NUMBERS
Express Mail Label No.	11/10

Al	PPLICATION ELE	EMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application					
See MPEP chapter 600 c	oncerning utility pater	nt application contents.	Washington, D.C. 20231					
1. [X] *Fee Transmi (submit an ori submit an ori 2. [X] Specification (preferred array - Descriptive - Cross Refere - Statement R - Reference to - Background - Brief Summ - Brief Descriptive - Claim(s) - Abstract of the submit	Total Pages [Ingement set forth bel Itile of the invention Inces to Related Applicate Microfiche Appendix of the invention Inces to Related Application Inces to Related Ince	SB/17) for fee processing) 22] ow) ications ed R&D x (if filed) otal Pages [2] opy) on (37 CFR §1.63(d) onal with box 16 completed) INVENTOR(S) ent attached deleting amed in the prior application, §§ 1.63(d)(2) and 1.33(b). BE ENTITLED TO PAY STATEMENT IS REQUIRED N A PRIOR APPLICATION IS , check appropriate box, and supple	5. [] Microfiche Compute 6. Nucleotide and/or Amitifapplicable, all necessarial papers a. [] Compute b. [] Paper C. [] Statemed ACCOMPAN 7. [X] Assignment Papers 8. [] 37 C.F.R. §3.73(b) (when there is a great statement (IDS 11. [] Preliminary Ame 12. [X] Return Receipt I (should be spectaged) [] *Small Entity Statement(s) (PTO/SB/09-12) 14. [] Certified Copy of (if foreign prior 15. [X] Other: Check Now the requisite information be continuation-in-part (CIP) t:	no Acid Sequisary) ter Readable Copy (identicaent verifying YING A (cover sheet an assignee) in Document of Document of Document of Document of Colories (identically iteminal points) For Priority Document of Colories of Priority Document of Colories of Priority is claimed to Document of Document of Document of Document of Priority is claimed to Document of Doc	(Appendix) lence Submissi Copy al to computer identity of abo PPLICA & document(s [] Power of (if applicable) [X] Copies EP 503) zed) Statement filed Status still proportion cument(s) d) for \$470.00 I preliminary and opplication No.:	copy) ive copies FION PA TON	ation	
The incorporation can c	my be rened upon w	vhen a portion has been inadverte		писеч аррис	ation parts.			
[] Customer Number :(Insert Customer No. Or		: I here) :		: or [X]	Corresponde	ence address b	elow	
Name	COBRIN & GITTE	ES						
Address	750 Lexington Avenue, 21 floor							
City	New York	State	New York Zip Code 10022		10022			
Country	U.S.A.	Telephone	(212) 486-4000 Fax (212) 486-400			07		
Name (Print/Type)	Peter	T. Cobrin	Registration No. (Attorney/Agent) 24,117					
Signature		W\/	Date					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Inder the Paperwork Reduction Act of 1995, no persons are required to respond to

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Application Number to be assigned

Filing Date concurrently herewith

First Named Inventor Robert Newsteder

Examiner Name to be assigned

Group/Art Unit to be assigned

Attorney Docket No. AID-3 2 001/4203

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						Grou	Group/Art Unit to be assigned						
TOTAL AMOUNT OF PAYMENT (\$) 470.00						Attorney Docket No. AID-3.2.001/4203							
METHOD OF PAYMENT (check one)							FEE CALCULATION (continued)						
1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:							3. ADDITIONAL FEES						
	-		nber: [03-231	•			Large E	ntity	Small E	ntity			
Deposit Account Name: [COBRIN & GITTES] [X] Charge any additional fee required under 37 CFR 1.16 and 1.17								(\$)	Code	(\$)	Fee Description	Fee	
[] App	licant claims	small entity s	tatus. See 37	CFR 1.27			105	130	205	65	Surcharge - Late filing fee or oath	Paid	
2. [X] Payment Enclosed:							127	50	227	25	Surcharge - late provisional filing fee or cover sheet	 	
[X]C	neck	[]N	Aoney Order		[] Other		139	130	139	130	Non-English specification		
			FEE	CALCULATION			147	2,520	147	2,520	Request for Reexamination		
1. BASI	E FILING FI	Œ					112	920*	112	920*	Req. publication of SIR prior to Examiner action		
Large	Entity	Small E	Entity				113	1,840	113	1,840	Requesting publication of SIR after Examiner action	<u> </u>	
Code	(S)	Code	(\$)	Fee Description		Fee Paid	115	110	215	55	Extension within first month	1	
101	740	201	370	Utility filing fee		\$370	116	400	216	200	Extension within second month	1	
106	330	206	165	Design filing fee			117	920	217	460	Extension within third month	1	
107	510	207	255	Plant filing fee	-		118	1,440	218	720	Extension within fourth month		
108.	740	208	370	Reissue filing fee			128	1,960	228	980	Extension within fifth month	1	
114	160	214	80	Provisional filing fe	e		119	320	219	160	Notice of Appeal	1	
þ	<u> </u>			SUBTOTAL	L (2)	\$370	120	320	220	160	Brief in support of an appeal		
	A CLAIM F	EES					121	280	221	140	Request for oral hearing		
P.				Extra Claim	Fee below	Fee Paid	138	1,510	138	1,510	Petition to institute a public use proceeding		
Total Cla		22	-20 =	2 x	9	\$18	140	110	240	55	Petition to revive - unavoidable		
Indep. Cla	aims	4	-3 =	l x	42	\$42	141	1,280	241	640	Petition to revive - unintentional		
Multiple I	Dependent						142	1,280	241	640	Utility issue fee (or reissue)		
** or min	iber previousi	y paid, if gree	ater; for reiss	nes, see below			143	460	243	230	Design issue fee		
Large E	ntity	Small Enti	ty				144	620	244	310	Plant issue fee		
Code	(\$)	Code	(\$)	Fee I	Description		122	130	122	130	Petitions to the Commissioner		
103	18	203	9	Claims in excess of	20		123	50	123	50	Petitions related to provisional applications		
102	84	202	42	Independent claims	in excess of 3		126	180	126	180	Submit Info. Disclosure Stmt		
104	280	204	140	Multiple dependent	claim, if not paid		581	40	581	581 40 Patent Assignment per property			
109	84	209	42	**Reissue independent claims over original patent			146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))		
110	18	210	9	**Reissue claims in patent	excess of 20 and ove	r original	149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))		
							179	740	279	370	Request for Continued Examination (RCE)		
							169	900	169	900	Request for expedited examination of a design appln.	Ī .	
SUBTOTAL (2) (5)60						Other fee (specify)							
**or number previously paid, if greater; For Reissues, see above							*Reduce	d by Basic	filing fee P	aid	SUBTOTAL (3)	\$ 40	
SUBMITTED BY								Complete (if applicable)					
Name (Print Type) Peter T. Cobin Registration Num						nber							
Signatu	ire			111/					-		Date 11/19		
		ion on this f	orm may be	ome public. Codit o	ard information sho	ould not be inclu	ded on this	form. Pr	ovide credit	card in			
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